

<i>SERFF Tracking Number:</i>	<i>STLR-125903231</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Manufacturers Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>08-0900-AR124</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-0900-AR124</i>		
<i>Project Name/Number:</i>	<i>Independent Forms/08-0900-AR124</i>		

## Filing at a Glance

Companies: Manufacturers Alliance Insurance Company, Pennsylvania Manufacturers' Association Insurance Company, Pennsylvania Manufacturers Indemnity Company

Product Name: 08-0900-AR124	SERFF Tr Num: STLR-125903231	State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 17.0001 Commercial General Liability Co	Tr Num: 08-0900-AR124	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Sharon Ellison	Disposition Date: 12/02/2008
	Date Submitted: 11/14/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Independent Forms	Status of Filing in Domicile: Pending
Project Number: 08-0900-AR124	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/02/2008	
State Status Changed: 12/02/2008	Deemer Date:
Corresponding Filing Tracking Number: 08-0901-AR124	
Filing Description:	
We are filing to expand our currently approved Occurrence forms, rules and LCM's in your state to include Claims-Made for the following companies:	
Manufacturers Alliance Insurance Company (MAICO);	
Pennsylvania Manufacturers' Association Insurance Company (PMAIC); and	
Pennsylvania Manufactures Indemnity Company (PMIC).	

<i>SERFF Tracking Number:</i>	<i>STLR-125903231</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Manufacturers Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>08-0900-AR124</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-0900-AR124</i>		
<i>Project Name/Number:</i>	<i>Independent Forms/08-0900-AR124</i>		

## Company and Contact

### Filing Contact Information

Sharon Ellison, Sr. Regulatory Analyst	Sharon_Ellison@pmagroup.com
380 Sentry Parkway	(610) 397-5356 [Phone]
Blue Bell, PA 19422-0754	(610) 397-5100[FAX]

### Filing Company Information

Manufacturers Alliance Insurance Company	CoCode: 36897	State of Domicile: Pennsylvania
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-2086596	

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Pennsylvania Manufacturers' Association Insurance Company	CoCode: 12262	State of Domicile: Pennsylvania
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-1642962	

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Pennsylvania Manufacturers Indemnity Company	CoCode: 41424	State of Domicile: Pennsylvania
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-2217934	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 for previously approved filed forms
Per Company:	No

*SERFF Tracking Number:*      *STLR-125903231*      *State:*      *Arkansas*  
*First Filing Company:*      *Manufacturers Alliance Insurance Company, ...*      *State Tracking Number:*      *EFT \$20*  
*Company Tracking Number:*      *08-0900-AR124*  
*TOI:*      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *08-0900-AR124*  
*Project Name/Number:*      *Independent Forms/08-0900-AR124*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania Manufacturers' Association Insurance Company	\$20.00	11/14/2008	23938559
Manufacturers Alliance Insurance Company	\$0.00	11/14/2008	
Pennsylvania Manufacturers Indemnity Company	\$0.00	11/14/2008	

SERFF Tracking Number:	STLR-125903231	State:	Arkansas
First Filing Company:	Manufacturers Alliance Insurance Company, ...	State Tracking Number:	EFT \$20
Company Tracking Number:	08-0900-AR124		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	08-0900-AR124		
Project Name/Number:	Independent Forms/08-0900-AR124		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/02/2008	12/02/2008

SERFF Tracking Number: STLR-125903231 State: Arkansas  
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: EFT \$20  
Company Tracking Number: 08-0900-AR124  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: 08-0900-AR124  
Project Name/Number: Independent Forms/08-0900-AR124

## Disposition

Disposition Date: 12/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

*SERFF Tracking Number:*      *STLR-125903231*      *State:*      *Arkansas*  
*First Filing Company:*      *Manufacturers Alliance Insurance Company, ...*      *State Tracking Number:*      *EFT \$20*  
*Company Tracking Number:*      *08-0900-AR124*  
*TOI:*      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *08-0900-AR124*  
*Project Name/Number:*      *Independent Forms/08-0900-AR124*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter and Memorandum	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>STLR-125903231</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-0900-AR124</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-0900-AR124</i>		
<i>Project Name/Number:</i>	<i>Independent Forms/08-0900-AR124</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STLR-125903231 State: Arkansas  
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: EFT \$20  
Company Tracking Number: 08-0900-AR124  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: 08-0900-AR124  
Project Name/Number: Independent Forms/08-0900-AR124

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 12/02/2008

**Comments:**

**Attachment:**

1NAIC Transmittal Document.pdf

**Satisfied -Name:** Cover Letter and Memorandum  
**Review Status:** Approved 12/02/2008

**Comments:**

**Attachments:**

Cover Lettter.pdf

GL Explanatory Memo.pdf



## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	The PMA Insurance Group			<b>Group NAIC #</b>	767
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
Pennsylvania Manufacturers' Association Insurance Company	PA	12262	23-1642962		
Pennsylvania Manufacturers Indemnity Company	PA	41424	23-2217934		
Manufacturers Alliance Insurance Company	PA	36897	23-2086596		

<b>5. Company Tracking Number</b>	08-0900-AR124
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Sharon E. Ellison 380 Sentry Parkway P.O. Box 3031 Blue Bell, PA 19422	Sr. Regulatory Analyst	800-222-2749 x 5356	610-397-5100	sharon_ellison@pmagroup.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Sharon E. Ellison		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability – Claims Made/Occurrence				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>					
<b>12. Company Program Title (Marketing title)</b>					
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)				
<b>14. Effective Date(s) Requested</b>	New:	01/01/2009	Renewal:	01/01/2009	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>16. Reference Organization (if applicable)</b>					
<b>17. Reference Organization # &amp; Title</b>					
<b>18. Company's Date of Filing</b>	November 14, 2008				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved				

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	08-0900-AR124
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We are filing to expand our currently approved Occurrence forms, rules and LCM's in your state to include Claims-Made for the following companies:

Manufacturers Alliance Insurance Company (MAICO);  
Pennsylvania Manufacturers' Association Insurance Company (PMAIC); and  
Pennsylvania Manufactures Indemnity Company (PMIC).

These forms, rules and LCM's will be used in conjunction with ISO's most recent Commercial General Liability forms, rules, loss costs and rating plan filings.

We are an ISO company and ISO files on our behalf, including AR specific endorsement forms (e.g. CG 2710)

ISO's Division Six is designed for use with either Claims-Made or Occurrence. Therefore, the only revision needed to utilize this structure is to revise our rules by adding a clarification sentence indicating that the following forms apply to Occurrence Version only:

PGL 30 20, Limited Pollution Coverage, located on CG-CW-E-3  
PGL 40 84, Janitorial Services – Limited Pollution Amendment, located on CG-CW-E-3  
PGL 40 24, Hired and Non-Owned Liability Coverage, located on CG-CW-E-3  
PGL 40 50, Notice of Occurrence, located on CG-CW-E-4  
PGL 40 16, Amendment – Non-Cumulation of Each Occurrence Limit of Liability and  
Non-Cumulation of Personal and Advertising Injury Limit, located on CG-CW-E-5  
PGL 20 10, Printer's Errors and Omissions Liability Coverage Form, located on CG-CW-E-6

These are the only revisions to our rule pages, CG-CW-E-1 through 7 (Edition 11.08). Our previously approved forms are not attached as there are no changes to the forms other than their use for Claims Made,

These changes are applicable to all policies effective on or after January 1, 2009.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #: EFT</b> <b>Amount: \$20.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

November 14, 2008

RE: Pennsylvania Manufacturers' Association Insurance Company (NAIC# 767-12262)  
Pennsylvania Manufacturers Indemnity Company (NAIC# 767-41424)  
Manufacturers Alliance Insurance Company (NAIC# 767-36897)  
Division Six – Commercial General Liability  
Independent Forms  
Company Filing #: 08-0900-AR124

**VIA SERFF**

Dear Commissioner:

We are filing to expand our currently approved Independent Occurrence forms, rules and LCM's in your state to include Claims-Made for our companies: Manufacturers Alliance Insurance Company (MAICO), Pennsylvania Manufacturers' Association Insurance Company (PMAIC); and Pennsylvania Manufacturers Indemnity Company (PMIC).

Our independent rules have been submitted under separate cover as company filing number 08-0901-AR124

These forms, rules and LCM's will be used in conjunction with ISO's most recent Commercial General Liability forms, rules, loss costs and rating plan filings.

We are an ISO company and ISO files on our behalf, including AR specific endorsement forms (eg. CG 27 10).

Our previously approved forms are not attached as there are no changes to the forms other than their use for Claims Made.

For additional details please see the attached filing memorandum. We intend to be bound by the governing approval procedures of your state and we will await your written response.

This filing was applicable to all policies effective on or after January 1, 2009.

Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than required under your law. If you have any questions or need additional information, please feel free to contact me by e-mail at [sharon\\_ellison@pmagroup.com](mailto:sharon_ellison@pmagroup.com) or by phone at (800) 222-2749, extension 5356.

Thank you for your consideration.

Sincerely,

*Sharon E. Ellison*

Sr. Regulatory Analyst

Regulatory & Product Support

Product Management Department

**THE PMA INSURANCE GROUP**  
**DIVISION SIX – COMMERCIAL GENERAL LIABILITY**  
**FILING MEMORANDUM**  
**ARKANSAS**

We are filing to expand our currently approved Occurrence forms, rules and LCM's in your state to include Claims-Made for the following companies:

Manufacturers Alliance Insurance Company (MAICO);  
Pennsylvania Manufacturers' Association Insurance Company (PMAIC); and  
Pennsylvania Manufactures Indemnity Company (PMIC).

These forms, rules and LCM's will be used in conjunction with ISO's most recent Commercial General Liability forms, rules, loss costs and rating plan filings.

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PGL 40 16, Amendment – Non-Cumulation of Each Occurrence Limit of Liability and  
Non-Cumulation of Personal and Advertising Injury Limit, located on CG-CW-E-5E-5  
PGL 20 10, Printer's Errors and Omissions Liability Coverage Form, located on CG-CW-E-6

These are the only revisions to our rule pages, CG-CW-E-1 through 7 (Edition 11.08). Our previously approved forms are not attached as there are no changes.

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